

**STATUS REPORT TO COURT FOR PLAN COMPLIANCE****Use of form:** Completion of this form meets the requirements of ss. 23.33(13)(e), 30.80(6)(d), 161.472 or 350.11(3)(d), Wis. Stats.

Name (Last, First, MI)		Birthdate	Telephone Number
Street or R.F.D.		City	State and Zip Code
		County of Residence	
<b>ORDERED BY COURT</b>	Name - Judge		MRV (motorized recreational vehicle) includes boats, snowmobiles and all terrain vehicles.  <input type="checkbox"/> Implied consent - MRV <input type="checkbox"/> OWI - Great bodily harm - MRV <input type="checkbox"/> OWI - MRV <input type="checkbox"/> OWI - Homicide - MRV <input type="checkbox"/> OWI - Injury - MRV <input type="checkbox"/> Possession - controlled substance
	Address - Court (Street, City, Zip)		
	Case Number	Date - Conviction	

**PLAN RECOMMENDATION**

<input type="checkbox"/> Outpatient treatment	Regimen _____	Facility _____
<input type="checkbox"/> Inpatient treatment or residential treatment	Regimen _____	Facility _____
<input type="checkbox"/> Medical exam*	<input type="checkbox"/> Psychiatric exam*	<input type="checkbox"/> Detoxification* <input type="checkbox"/> Residential* <input type="checkbox"/> Day treatment* <input type="checkbox"/> Other*

\*Facility

Explain

**DISPOSITION**

- ☐ Compliance  
☐ Noncompliance

Remarks:

Date	<b>SIGNATURE</b>
Agency	Title
Address	